



USI Affinity Health Plans

Employer Census Data

Contact Name:	Company Name:
Address:	Nature of Business:
Phone:	Association (if applicable):
Fax:	Requested Effective Date:
Email:	Benefits Requested:
Current Broker:	Current Carrier:

#	Employee Name	Sex	Age / DOB (MM/DD/YY)	Coverage Type **	Cobra (y/n)	Employee Zip Codes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Once you have completed the census and health information data, please fax your employee census to:
(610) 537-4911

**Coverage Type:
E = Employee Only ES = Employee & Spouse EC = Employee & Child ECN = Employee & Children F = Family + Number Of Children